## UNITED STATES DISTRICT COURT DISTRICT OF OREGON

		C	ivil Case No. 3:	16-cv-483-	SI	
	R and DEAN ALFRAN		PPLICATION F			
Plaint	tiff(s),	A	DMISSION - P.	RO HAC V	'ICE	
v.						
BLOUNT IN	TERNATIONAL, INC.,	et al.,				
Defen	dant(s).	Y Y				
Attorr	ney Sebastiano Tornato	orer	equests special a	dmission į	oro hac vice in	
the above-capt	tioned case.					
	of Attorney Seeking <i>Pro I</i> of LR 83-3, and certify that			understan	d the	
(1)	PERSONAL DATA:					
	Name: Tornatore	Sebastiano				
	(Last Name)	(First Name)		(MI)	(Suffix)	
Firm or Business Affiliation: Levi & Korsinsky, LLP						
	700 Common of Child 201					
	Mailing Address:	9		0	6001	
	City: Stamford		CT	_ Zip: 0	0901	
	Phone Number: 203-99	92-4523	_ Fax Number:	212-36	3-7171	
	Business E-mail Address: stornatore@zlk.com					
	_ dooo D man I dailoo					

2)	BAR	BAR ADMISSIONS INFORMATION:					
	(a)	State bar admission(s), date(s) of admission, and bar ID number(s): Massachusetts; 11/29/2012; Bar No. 686175					
		Connecticut; 11/5/2012; Bar No. 434217					
		New York; 7/17/2014; Bar No. 5268693					
		New Tork, 1/11/2014, Dai No. 3200093					
	(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): District of Connecticut; 12/5/2014; Bar No. CT29679					
		Southern District of New York; 1/8/2016; Bar No. ST0304					
		District of Massachusetts; 6/21/2016; Bar No. 686175					
(3)	CER	CERTIFICATION OF DISCIPLINARY ACTIONS:					
	(a) I am not now, nor have I ever been subject to any disciplinary action by an state or federal bar association; or						
	(b)	☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)					
<b>l</b> )	CER	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:					
	equiv State	Per LR 83-3(a)(3), I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.					
5)	REP	REPRESENTATION STATEMENT:					
		I am representing the following party(s) in this case:  Elia Azar					
6)	CM/	ECF REGISTRATION:					
	beco (See	current with approval of this <i>pro hac vice</i> application, I acknowledge that I will me a registered user of the Court's Case Management/Electronic Case File system. the Court's website at <u>ord.uscourts.gov</u> ), and I consent to electronic service pursuant ed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.					
)AT	<b>ED</b> this	9day of May, 2018					
		(Signature of Pro Hac Counsel)					
		Sebastiano Tornatore					
		(Typed Name)					

## REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

_			
under I section	3(a)(1) requires you to associate with loc LR 45-1. To associate with local counsel . To request waiver of the requirement to ng box.	, obtain the signature of loca	l counsel in the following
	I seek admission for the limited purpose did not issue. Pursuant to LR 45-1(b), I associate with local counsel and therefo	request waiver of the requir	ement of LR 83-3(a)(1) to
CERT	IFICATION OF ASSOCIATED LOCA	AL COUNSEL:	
	y that I am a member in good standing of ments of LR 83-3, and that I will serve as		
	DATED this 10th day of May	2018	
		Auth In	io I)
	McCaughay	Robert	- <i>y</i>
Name:	McGaughey (Last Name)	(First Name)	(MI) (Suffix)
Oregon	State Bar Number: 800787		
Firm or	Business Affiliation: McGaughey En	rickson	
Mailing	g Address: 65 SW Yamhill Street, S	uite 200	
City: P	ortland	State: OR	Zip: 97204
Phone 1	Number: (503) 223-7555	_ Business E-mail Address:	bob@law7555.com
	COU	URT ACTION	
	☐ Application approve ☐ Application denied.  DATED this day of	ed subject to payment of fees	

Judge